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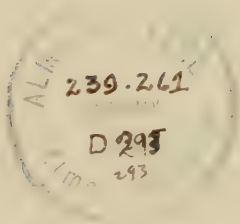
BIRTH CONTROL

THE FALLACIES OF DR. M. STOPES

BY

HENRY DAVIS, S.J.

PROFESSOR OF MORAL THEOLOGY, HEYTHROP COLLEGE,
CHIPPING NORTON, OXON.



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PREFACE

THE writer of this small book considers it a duty in the interests both of Christian morality and national service to expose the fallacies that are current to-day in favour of birth control. If these fallacies go unanswered, the movement in favour of contraception will gather great momentum. The writer is of opinion that large numbers of the people of this country are on the eve of adopting contraception on a large scale, or of turning away from it as immoral, unsocial, and unracial. He believes that the issue is in the balance, and therefore wishes to contribute a little to the right decision. The book of Dr. M. Stopes on contraception may be taken, he believes, as representative of all that can be said in favour of birth control. He has therefore subjected the pertinent part of that book to minute and, as he hopes, dispassionate criticism. He will not use harsh expressions nor indulge in personal abuse, for these are not arguments. He will be careful not to misrepresent any view with which he disagrees,

but will give it its full force and value. He intends to give no offence, and hopes that he has given none, nor has he any personal quarrel with those who do not agree with him. But he will take the liberty of criticising frankly and fearlessly, being content that others should enjoy a like privilege.

HENRY DAVIS, S.J.

HEYTHROP COLLEGE,

OXON.

February 2, 1928.

NOTE.—All references are to *Contraception*, by Marie Carmichael Stopes, *new and enlarged edition* (1927).

BIRTH CONTROL:

THE FALLACIES OF DR. M. STOPES

CHAPTER I

PRELIMINARY CRITICISMS

1. DR. STOPES, in her book on contraception, puts the matter on a high level indeed, when she says (p. 9) that the medical practitioner "who has a practice among the poor and ignorant, and particularly among the low-grade elements, has a double duty to inculcate contraceptive knowledge, a duty to individual patients, and a duty to the State." Until Dr. Stopes can meet the objections of her opponents—and that she has not done so it is the purpose of the present writer to prove—she might equally well, and as consistently, insist on the duty of the medical practitioner to promote infanticide. That would rightly be to her a shocking proposition, because she would consider infanticide morally wrong. In so thinking, she would have risen on to the plane of ethics. If, therefore, she cannot answer the ethical objections to contraception, she should equally condemn what she defends in her book—contraception. We hope to prove in the ensuing pages that Dr. Stopes is

6 FALLACIES OF BIRTH CONTROL

—unconsciously we are sure—inconsistent and irrational in her defence of contraception.

2. “Wholesome contraception,” she says (p. 23), “is a valuable tool in the hands of those who work towards elevating our sex knowledge in the way urged by the late Professor Bayliss.” We do not know what the late professor urged, but if he urged the point, that sex knowledge was or could be elevated by learning and adopting the methods of contraception, then we should prefer to say that sex knowledge had been thus degraded. But, in truth, contraceptionists are for ever asserting, without proof, that the knowledge which they are bringing to mankind on methods of stifling conception is wonderfully elevating. It is, however, obvious that when sex functions are ever limited by the use of contraceptives to sexual gratification, to the positive and deliberate exclusion of the primary purpose of sex, which is procreation, not only is the act itself debased to the level of sense pleasure to the exclusion of rational purpose and motive, but the knowledge that arrives at that aspect of sex function, far from being elevated, is untrue. The only true elevation of sex knowledge would rather be the appreciation of the wonderful purpose which sex subserves in the production of life, and the accompanying provision of Nature (that is, of God, the Creator and Giver of all functions) in making the act, when naturally performed, an expression of conjugal love.

In presenting the knowledge of sex to those who are of an age to receive it profitably, or even to those who, owing to their circumstances, ought to receive it, every one with the least experience of the young knows that the concept which elevates and sublimates sex knowledge is the concept of co-partnership in the Divine purpose of producing life. This is indeed to purify the knowledge and to segregate the dross of materialism.

We hasten to say that we do not, nor should we, condemn sense gratification in the true marital act. What we condemn, both in respect of function and teaching, is the separation by mechanical or chemical contraceptives of the first purpose of marriage from its other legitimate purposes. We are quite sure, therefore, that wholesome contraception—that is, contraception that is claimed to be physically innocuous and good (a claim which we entirely repudiate)—cannot be a valuable tool for the elevating of sex knowledge, for contraception that is wholesome does not exist.

3. Dr. Stopes says (p. 27) that it is self-evident that all cases in which, were pregnancy to intervene and the evacuation of the uterus or an induced therapeutic abortion would be inevitable, are clearly and indisputably cases for instruction in contraceptive methods. It is surely also reasonable, she says, to conclude that all cases in which such evacuation or abortion is likely are also cases for such contraceptive instruction. We submit that, in the

8 FALLACIES OF BIRTH CONTROL

first cases, therapeutic abortion is morally unlawful. The term is an euphemism. There is no such thing as defensible therapeutic abortion, if it is directly intended and induced. The operation is dignified by the name, but it is a taking away of life if embryo or foetus is alive and known to be alive. Similarly evacuation of the uterus is not morally defensible if it is the extirpation of a living embryo or foetus.

The statement, therefore, of Dr. Stopes is by no means self-evident. Quite the contrary. It is self-evident that an innocent life may not be directly attacked.

4. Dr. Stopes quotes, here and there, some hard cases. We are sure that there are plenty of them. But if one were influenced by hard cases, and by the list of those who in the opinion of contraceptionist eugenists should not bear children—though they may marry—one would say, without exaggeration, that about half the human race should use contraceptives, and one would be forced to conclude that Nature has now invoked the aid of science for the gradual elimination of the human race. Almost within our own lifetime we should witness a nation of old men and women, whom the progressively fewer and fewer workers could hardly support. The prospect would be even more appalling, when we should have come to the point where the use of contraceptives had stifled—as it must inevitably stifle—the love for children and the urge of motherhood.

We say it must inevitably stifle the love for children, for it has already largely stifled the desire for them. One dare not think of the fate of any nation when brought to its vital bankruptcy. Possibly, though we doubt it, a time would come when the desire of motherhood and love for children would reassert themselves. A national campaign would be set on foot against all contraceptives as abominations; all books dealing with the matter would be heaped together and burnt in every market-place. Women would be encouraged to have more than three children in order to keep the race going. Those women who had many children would be maintained, honourably, at the public expense. But would children come? It is not absurd to ask the question: Will not the power itself to procreate languish and become extinct, when men and women have stifled the desire to procreate? The birth-rate now (ann. 1927, last three quarters) is 17·2; thirty years ago it was 30; sixty years ago it was 35.¹ It was higher than it is at present during the worst year of the War. It is more than credible that the continuous and steep decline is due to the use of contraceptives. We are quite sure that, as people learn easier methods of contraception, or more willingly adopt whatever methods are at hand, the decline will become steeper. The issue depends on what view the nation will adopt within the next

¹ The rate for the last quarter of 1927 was 15·4, the lowest recorded.

10 FALLACIES OF BIRTH CONTROL

very few years. Meanwhile, though perhaps the State has been saved the expense of maintaining a few defectives, it has probably lost, by contraception, multitudes of noble, high-minded, and effective citizens, great industrialists, financiers, poets, musicians, painters, etc.—an incalculable and irreparable loss. We cannot doubt this, for the live births registered in 1927, third quarter, were 10,828 fewer than in the third quarter of 1926. If we take the whole of the year, and if we take the next five years, our calculations would be very disquieting. That condition of things is due to some extent, probably largely, to contraceptives. Whither is the practice leading the people?

5. It is stated that “the first duty of a medical adviser is to the State, and that if husband and wife have produced more than two unsatisfactory children, he should not leave the couple in such ignorance, that they may continue to reproduce involuntarily” (p. 40). Now, as a fact, the first duty of a medical adviser is to his client and not to the State. If Dr. Stopes called in a doctor to her own child, and if the doctor said that, as his first duty was to the State, it was his personal opinion that the child should not be kept alive, because, let us suppose, it would never recover, and would be a burden on its parents, and, in case of their death, on the State, Dr. Stopes would show him the door, saying: “Your first duty is to me and my child.”

She might rightly say, and every sane person would applaud her for saying: "If I wish to spend my life and use all my means nursing my child through years of irremediable and painful sickness, may I not do so?" If this is right and proper, even a duty, may not the poor become poorer by tending unsatisfactory children? If the poor have had a few unsatisfactory children, may they not have more children? Is Dr. Stopes going to say No? May not the fourth and fifth children be highly satisfactory? Who is to judge whether a child is unsatisfactory or not, *and will remain so*? Dr. Stopes might well ponder over the wise words of Mr. Leonard Hill (*The Times*, November 29, p. 12): "There is much evidence to show that inefficient citizens are made largely by crowding and ill-chosen diet, whence arise catarrhal complaints, fevers, low infections, decay of teeth, etc. . . . The experience of open-air schools has shown that the conditions offered by a shed open to the south with a playground, no artificial heating, good food containing all the vitamins, and sufficient clothes, suffice to restore to health and mental alertness rickety and weakly children, who become, in time, robust citizens. Given mothers educated at welfare centres, a diet adequate in vitamins and body-building materials, access to fresh air and sunlight in public playgrounds, *nearly all children* might grow up strong and efficient. The difference between the results of Dr. Stopes'

12 FALLACIES OF BIRTH CONTROL

wishes, if carried out, and the wishes of the writer, would be that in the former case the playgrounds might indeed¹ have healthy children, but a very moderate number of them at the best computation, whereas in the latter case the same playgrounds would not be large enough for the crowds of children, destined, nearly all, to grow up strong and healthy. Dr. Stopes might say: "But we must stop the weakly children from coming. They are not to have even a chance." How many good citizens is such a process going to stop? If the money that is spent on the making of contraceptives—we are careful not to imply in any way that Dr. Stopes has the smallest financial interest in them—was spent on playgrounds, parks, food and clothes for the poor, some few people would be a little worse off, but the nation would benefit enormously.

There is an Association called the Hospital Saving Association. It organised a voluntary contribution scheme in 1922 among London wage-earners of all classes. The income now exceeds £200,000 a year. Many of the groups arranged with their employers to collect the contributions through the pay roll. If Dr. Stopes dropped all her contraception views, and organised with her splendid ability a national campaign for the collection of one

¹ We say "might," because if parents give themselves up to unbridled gratification by the employment of contraceptives, it is by no means certain that the few children whom they permit to be born will be healthy. The contrary is the more likely.

penny per week from all wage-earners, to be spent on playgrounds, food, fresh air, excursions, clothes for children, she could produce such a change for the better in the people after a very few years, that their equal would not be found in the wide world. It might then be written of her, and the epitaph would be true: She saved millions of good citizens to the State. Let her name be ever held in honour. In the same context, Dr. Stopes continues: "But the difficulty (of getting people to follow advice about contraceptives) is very frequently due to the carelessness of one or both of the couple, who may be haphazard or too mentally deficient carefully to follow out instructions given." What then? Well, the truth will out. When you begin to talk about unsatisfactory children, it is only a step to sterilisation, voluntary at first, but shortly to be enforced. And so indeed it is. For Dr. Stopes allows herself to say (p. 224): "It is much to be desired in the interests of the race that inexpensive methods of temporary sterility should be devised, improved, and rendered available in practice for those in whom disease or a degenerate or undeveloped mental capacity renders them likely to produce detrimentals if they breed without restriction." Soon the alternatives set before the so-called defective would be: Stop generating or you will be sterilised. We hasten to say, in justice to Dr. Stopes, that she does not recommend enforced sterilisation. But

14 FALLACIES OF BIRTH CONTROL

there are eugenists who are not ashamed to recommend it. "Modern gynæcology," it is said (p. 42), "is quite clear on the principle that at least two, preferably three, and in some cases even five years should intervene between successive pregnancies in the interest both of the mother and the child." Common sense had not to wait for modern gynæcology to approve of the principle. Mankind has found out long ago that an interval of about two years is good for the race. Married people should have a regard for the mother's strength. But the principle, like all principles, has its varying applications. If, after serious and sincere endeavours, husband and wife cannot remain continent, then they have a right, whatever modern gynæcology says, to their marital dues, even if a few children come at intervals of less than two years;¹ but the obligation of restraint presses on the husband usually more than on the wife, and as many doctors aver, that restraint is bad for no one, and can be acquired in a short time. But Dr. Stopes urges: "When the doctor informs the potential parents that this (viz., the longer interval) should be so, the further duty devolves upon him of informing them about the method best suited to their individual circumstances of achieving the end." We submit that the doctor has no such duty. He

¹ The experience of large communities before modern birth control was known was that an interval of about two years elapsed between births. After the age of thirty this interval increases (cf. *Medical Aspects of Contraception*, p. 4).

is in no way obliged to obtrude such objectionable information. It is the parents who must learn the wholesome regimen of self-restraint. This has to be acquired by many a husband. But Dr. Stopes, we believe, would tell the husband not to trouble about self-restraint; let him get a good method and he need not trouble about self-control. The contrary advice would be: Be rational in your conduct, restrain yourself, by abstention, difficult perhaps at first, but you will soon learn self-restraint, and by no other way.

7. It is stated (p. 69 and note) that "some Roman Catholics, in a most misleading and unscientific way, call all scientific control of conception "onanism." This reprehensible confusion is deliberately (*sic*) created so as to appear to get biblical authority against control of conception, by referring to the biblical condemnation of Onan for his *totally different physiological act*, with its *dissimilar result*, as well as his *totally different intentions* " (italics ours).

It is true that Catholics condemn all artificial preventives, mechanical and chemical (douching also), as constructive onanism. It makes no difference how the thing, positive contraception, is done. In every case, as in Onan's case, the result aimed at and actually achieved is prevention of conception. That is what Onan did, and that result is the radical and essential purpose of all contraceptives. It is quite right and logical, therefore,

16 FALLACIES OF BIRTH CONTROL

if we regard, as we may, the essential purpose of all contraceptives, to condemn them all as so many methods of practising onanism; of doing, in fact, exactly what Onan did. There is no confusion here, and, of course, no confusion is deliberately created. The detestable thing which Onan did, and that for which he was punished, was not merely failure to raise offspring for his dead brother—as he was bound by law to do—but it was the unnatural abuse of his sexual function. This is a point to which we shall return later. In this respect, therefore, all who practise positive contraception, as understood above, are in exactly the same case as was Onan.

Secondly, it is absurd to suppose that a difference in the physiological act of Onan and of contraceptionists makes any difference between the moral aspect of both. Dr. Stopes could not say that there was any difference really between killing a person with a revolver and starving him to death, though the two actions are very different physiologically; nor between suicides, one of whom kills himself by poison, and the other with a razor. There is a physiological difference between adultery and unnatural vice, but both are wrong.

Thirdly, it is equally absurd to say that Onan's act had a result different from the act of the contraceptionist. The results are precisely the same—namely, failure of conception, directly and positively induced.

Fourthly, the intention of Onan was two-fold. His first intention was to disobey the law by refusing to raise offspring to his deceased brother. To compass this result, and to realise his intention, he formed another intention, which he proceeded to carry into effect—namely, the spilling of his seed to no purpose. The intention of every contraceptionist, so far as generation is concerned, is the same. We say, so far as generation is concerned, for he or she may have numerous other intentions, good or bad, but the contraception intention is always present, for it cannot, by any possibility, be separated from what is done. It will not, of course, be urged that the intention of contraceptionists is not quite the same as that of Onan, because the former, in using the most approved contraceptives, do not deprive the wife of everything that marital congress can give. She benefits, it is alleged, in some subtle way, by absorption through the vaginal walls. This may or may not be so, but it has no bearing on the case. The husband, in these cases, may be giving the wife no end of benefits, but there is one thing that he does, he abuses his functions. That remains a fact whatever else may be true. It was that which Onan did in a particularly immoral way; that was the detestable act, and it was for that unnatural act that he suffered.

Now it is necessary to prove this last statement, and consequently one has to delay a

18` FALLACIES OF BIRTH CONTROL

little on this unsavoury episode, for it is stated by many writers on birth control that the detestable crime (Hebrew: that which was evil in the sight of the Lord) of Onan was that he would not obey the law and raise children to his deceased brother. We do not impute, as Dr. Stopes imputes to opponents, any deliberate falsifying of the meaning of a word. But we wish to point out that it cannot be maintained that the interpretation given by these people—and, we believe, accepted implicitly by Dr. Stopes—of the crime of Onan bears examination.

If Onan was punished only for not raising children to his deceased brother, why was not Judas punished for not giving Shela in marriage to Tamar (Gen. xxxviii. 14)? If Onan was punished only for the offence against the law of *leviratus*, he was not punished at all for the other offence.

Death was not the penalty of the law for Onan's refusal to raise children to his brother. The law is explicitly set forth in Deuteronomy (chap. xxv., vers. 7 *sqq.*): "But if he will not take his brother's wife, who by law belongeth to him, the woman shall go to the gate of the city, and call upon the ancients, and say: My husband's brother refuseth to raise up his brother's name in Israel: and will not take me to wife. And they shall cause him to be sent for forthwith, and shall ask him. If he answer: I will not take her to wife, the woman shall come to him before the ancients, and shall

take off his shoe from his foot, and spit in his face, and say: So shall it be done to the man that will not build up his brother's house. And his name shall be called in Israel, the house of the unshod."

The penalty was even less than that just recorded for a relative other than a brother-in-law (Ruth iv. 5). If, then, God instituted—as we are supposing—a penalty less than death for not obeying the law of *leviratus*, God did not inflict death upon Onan for failing to raise children to his brother. We have, therefore, to find some other crime of Onan that could be called detestable or evil in the Lord's sight. There is none other mentioned except the unnatural act of semination to no purpose. That act is explicitly mentioned and punishment is at once recorded.

Lest this exegesis be thought to be only a Catholic one, we may refer to the International Critical Commentary (Genesis, p. 454), which says: "Onan is slain because of the revolting manner in which he persistently evaded the sacred duty of raising up seed to his brother. It is not correct to say that his only offence was his selfish disregard of his deceased brother's interests." We hope that Dr. Stopes will not take the wings of Higher Criticism, and say that all these records are folklore. She referred to the Bible, at least as an historical document; she may be confronted with the Bible. Those, therefore, who hold that contraception is unnatural and wrong

20` FALLACIES OF BIRTH CONTROL

may rightly appeal to the story of Onan for confirmation of their view. To do so is not, as Dr. Stopes affirms, misleading, unscientific, reprehensible, and a deliberate confusion.

8. In discussing the "safe period," as it is called—a period about which one may be entirely sceptical—Dr. Stopes is guilty of several fallacies, a fact that makes her objections of no consequence.

(a) "At the present time," she says, "it (namely, marital intercourse during the safe period) is, as a matter of fact, the only method, in addition to total abstention, which is sanctioned by a variety of religious bodies, because, owing to clerical ignorance of the true function of sex union, the clerics are under the impression that it is natural."

On this one may remark that a respectable number of clerics have been doctors, and many more are perfectly well acquainted with the true function of sex union; all of these approve of congress during the safe period, and know that it is quite natural, though they are fully aware that the wife probably does not derive the same benefit, nor has the same desire at that period as at other times. They know the facts, and they approve of the practice.

Furthermore, they rightly maintain that intercourse during the safe period is as natural as it is at any other time, if we define our terms correctly. An act may be unnatural in many ways in a broad sense, but in one way only, when it is said to be contrary to nature.

We should not say that a person acts unnaturally (contrary to nature) when he eats without appetite. This is the sense in which Dr. Stopes uses the word. She confuses the two spheres—namely, the physiological and the moral. When a man commits suicide by drinking poison, we should certainly say that his act is unnatural (contrary to nature), and that it is so in the moral sphere, because it is against right reason to commit suicide. Similarly, we must say that unnatural vice is so called because it is so in the moral sphere. In condemning intercourse during the safe period as unnatural, Dr. Stopes ought to condemn it from the moral point of view. But she does not. She condemns it from the physiological point of view. When, on the contrary, clerics maintain that such intercourse is natural, they mean that it is both physiologically and morally natural. The absence of desire does not take the act out of either sphere. Dr. Stopes ought to prove—and not merely state—that a physical act performed in the absence of desire is unnatural—that is, contrary to nature.

(b) But we will give the fullest weight to Dr. Stopes' objection, and will let her continue: "It is, however," she says, "quite an unnatural method; no natural female animal allows the male entry when she is not 'on heat.' " That statement may be true, but it is true because such animals are so constituted, and nature's instinct in them urges them so

22 ` FALLACIES OF BIRTH CONTROL

to act. But man, on the other hand, rules his instinctive tendencies by reason. Woman is not constituted as the brute animals are, for it will be conceded that the wife may legitimately and naturally desire the lawful act for love, divorced from all sexual appetite, or to please her husband, or—let it be said with delicacy—to keep a husband faithful. We say that since such things can happen—and it is a reasonable assumption to make—Dr. Stopes would have to admit that the wife was then acting most naturally in one sense and in the truest sense, though in another sense unnaturally, in that she was acting contrary to her physical and sexual inclinations at the moment. But such an act cannot, in any true sense, be called unnatural. Again, it is notorious that man and wife may wish for an heir, and may perform their quite legitimate intercourse, though without any physical desire, or even with a disgust for it. We say that such things are possible and normal, and are admitted as reasonable. Yet Dr. Stopes should, if consistent, condemn all such acts as unnatural.

More than that: Dr. Stopes, if consistent, would have to say that when physical desire and woman's rhythm vanish, as they do in many cases after some years of married life, every intercourse thereafter is unnatural.

Of course, she cannot mean, we must suppose, that intercourse during the safe period is unnatural because nothing can possibly

come of it. If she meant that, she would be condemning her own attitude towards contraception. Dr. Stopes continues: "It is also unnatural (*e.g.*, the use of the safe period), because it prescribes the times at which a man is to approach his wife, without any relation whatever to his feelings, to her natural disposition and rhythm, or to incidental and quite right stimuli, such as anniversaries, romantic remembrances, etc." But, we submit, the absence of all of these does not make the act unnatural, as we have already shown.

(c) Dr. Stopes now comes to the Roman Catholic Church, for she has to dispose of the opposition there met with. Her fallacies here are egregious, for she both misstates the case—unconsciously we are sure—and uses words in a wrong sense.

"Nevertheless," she says (p. 86), "the Roman Catholic Church, otherwise so violently opposed to control of conception, allows the preventive means of the use of the 'safe period.' The Rev. Mgr. W. F. Brown, Vicar-General of a Roman Church, said, under cross-examination: 'When all other deterrents fail, married couples may be allowed to limit intercourse to the inter-menstrual period, sometimes called *tempus ageneseos*.'"

The misuse of words in this passage lies in the wrong use of *control of conception* and *preventive*. The Catholic Church is not opposed to the control of conception *sans phrase*; she raises no objection to the proper

24 ~ FALLACIES OF BIRTH CONTROL

spacing of births, nor to small families, nor even to complete conjugal continence. But she is opposed to the control of conception if achieved by positive artificial methods.

Secondly, the Catholic Church does not allow any preventive means at all, and it is a misuse of words to describe intercourse during the safe period as a preventive means of controlling conception. It is not a means at all. Infertility may just then be present, and intercourse then takes advantage of it, but does not produce it. We must be excused for insisting on this correct use of words. But even if we admit the word "preventive" in the case, and use it in a loose and inaccurate sense, as Dr. Stopes here employs it, that meaning of the word "preventive" is entirely different from the customary use of the word "preventive," when employed to describe contraceptives. We submit that Dr. Stopes confuses the issue when she implies—as she appears to us to imply—that since the Catholic Church allows preventives in one case (safe period) and in one sense, she (*i.e.*, the Catholic Church) has given away her principle against preventives in *another sense* and in *all cases*. This is decidedly to confuse the issue, because it is an equivocation on the word "preventive," just as all birth controllers equivocate on the word "unnatural." They are persistently attributing, for the sake of their argument, that particular meaning to certain words

which anticonceptionists never employ. We shall examine this point later more at length. If this procedure were deliberate and conscious—which we are not supposing—we should call it dishonest. But as the procedure arises from confusion of thought or want of thought, we merely call it muddled and unphilosophical. Their contention based on the words proves nothing, and is a gross fallacy.

9. Dr. Stopes states (p. 91) that “total abstention on all occasions when conception is not deliberately desired is advocated by individual so-called reformers, and this and slight modifications of it are advocated by the leading Churches.” If the Catholic Church is one of the leading Churches, the statement is inaccurate, for the Catholic Church does not teach, either absolutely or with slight modifications, that total abstention must be practised when conception is not deliberately desired. We are assuming that Dr. Stopes means that the opinion of those people is that marital intercourse is not to be employed except for the conscious object of conception. If she does not mean this, we withdraw this criticism. The Catholic Church follows the teaching of St Paul, and has always done so in permitting (*i.e.*, not condemning) marital intercourse for the allaying of concupiscence, and for the expression of mutual love, even should there be, by reason of accidental circumstances, no likelihood of conception. In other words, married people are not obliged

to have conception in their intention in every act of intercourse. In regard to total abstinence, the Catholic Church teaches that if married people do not want children for a sufficient reason, the only morally correct way of achieving that object, besides the use of the safe period, is by way of total abstinence. She knows that total abstinence is possible, and knows—as we all know—that it must be employed sometimes on grounds of expediency or justice. Dr. Stopes would herself surely admit this—namely, the need (even the obligation) of total abstinence, where children to be born would be defectives, and where the husband and wife knew of no method of contraception. It is not implied that the writer holds this view, but certainly Dr. Stopes does; that is to say, the writer does not hold that married people act wrongly whenever they knowingly cause the birth of a defective child. The point is mentioned in passing, but it has no immediate bearing on what has gone before.

CHAPTER II

DR. STOPES' FALLACIES IN HER REPLIES TO THE OBJECTIONS RAISED AGAINST CON- TRACEPTION

AT the outset (p. 229), Dr. Stopes would have her readers suppose that the statements made by opponents of contraception merely masquerade as "arguments," and she proposes to "demonstrate how most of them" [why not all?] "depend on a false interpretation, or an incomplete knowledge of essential facts."

The reader will be interested, we are sure, to see this promised demonstration, and we here set it forth, point by point, without equivocation, giving the fullest and fairest consideration to all her replies, without any exception. We shall not triumphantly prick the bubble of her weak replies, leaving her solid arguments—should there be any—unnoticed: we shall examine each in turn. They are all contained in about fifty pages of her book. We shall state the objection first, then Dr. Stopes' reply to it, then our own criticism of her reply.

First Objection.—Birth control methods are harmful.

Dr. Stopes' Reply.—This is a pernicious generalisation. There is a certain amount of

harmfulness in *some* forms of procedure, but it is a false generalisation to say that *all* birth control methods are harmful.

Criticism.—(1) It would indeed be a false generalisation to say that because some methods of birth control are harmful, therefore all methods are harmful. But no opponent of contraception says this. What they say is that all methods are physically harmful.

(2) Some members of the medical profession, having as good a right to express an opinion as Dr. Stopes, do maintain that all forms of contraceptives are harmful.

(3) Whilst we may admit that some methods of contraception, if very rarely used, may do no serious harm—as members of the medical profession admit—it is not correct to say that some methods do no harm at all. For Dr. Stopes herself will admit—and she implicitly admits it in her instructions—that every method, if employed long enough and frequently enough, will do quite serious harm. Now whence comes this harm except from the accumulated small physical detriments which each separate use produces? Even the cap will do harm if women are not careful as to cleanliness, and if they leave it *in situ* too long. It is a factor that interferes with natural and normal functioning, and we submit that any extraneous element that interferes with nature's course in the case of bodily function inevitably produces evil. We confess that neither Dr. Stopes nor ourselves will be

able to gauge the amount of harm done in our lifetimes.

Second Objection. — Contraception is not necessary, because in the vast majority of families, where no restriction or unnatural means are used, and when mothers nurse their children for eight or nine months, children only come every two years. This is a statement made by Lady Barrett, M.D.

Dr. Stopes' Reply.—This statement *may* be approximately true of middle-class women of the type with limited fertility. It is ridiculously untrue of the *typical* working woman, who really forms the vast majority of our female population, most of whom have babies annually or are incessantly bringing on abortions.

Criticism.—Dr. Stopes says that the statement is ridiculously untrue of the typical working woman. She has no evidence for her statement, for it is ridiculously untrue that even a small majority of the typical working women has a baby every year, and Dr. Stopes simply cannot possibly know that the vast majority, or even a small majority, of working women, who do not have babies every year, produce abortions incessantly. We say that she cannot possibly know this, for the vast majority of working women would not tell her, nor is there any evidence on the matter. Most of these women would be physical wrecks in, say, ten or fifteen years, and yet we know that working women are

not. It may readily be admitted that Dr. Stopes has come across working women who suffer what she attributes to the majority; indeed, she may have come across a good many, perhaps thousands. She has had 4,946 attendances of married women at her clinic (p. 449); but if she generalises from a few thousands to millions, shall we not say that her generalisation is unjustified? How, then, can she know that Lady Barrett's statement is untrue of the typical working family?

Third Objection.—Dr. Amand Routh, M.D., appeared to give a weighty medical opinion against all artificial contraceptives. He said: "I have no doubt that prevention of maternity by artificial methods invariably produces physical, mental, and, I think, moral harm to those who resort to it. . . . I am sure it does harm to both, if they both agree to it. The act is incomplete; it is not a spontaneous act; and if the act ceases before the proper crisis, as it were, the nervous system suffers enormously if the habit is continued for long. And the result often is that there is a great deal of congestion produced in the woman, at all events."

Dr. Stopes' Reply.—"This statement by Amand Routh, M.D.," she says (p. 232), "appears to be a weighty medical opinion against all artificial contraceptives. It is unqualified, and, if read by those who know less than Dr. Routh about the subject, will

appear to be against all birth-control methods. But those who examine it carefully will perceive that he is evidently speaking of *coitus interruptus*, though he does not say so. It is clear that the points he scores against *coitus interruptus* have no validity against, for instance, the occlusive cap.

Criticism.—As a matter of fact, Dr. Routh did condemn all artificial contraceptives, and specifically named the occlusive cap. His arguments were designed—and we must suppose intended—to prove that all contraceptives, and not merely withdrawal, are harmful. We shall make this quite clear from the evidence of Dr. Routh to be found set forth in *The Declining Birth-Rate* (pp. 246 *sqq.*), which contains the very evidence referred to by Dr. Stopes.

Dr. Routh said (p. 252 *loc. cit.*): “Well, personally, I believe that every artificial method does do physical harm.” Again (p. 254): “Speaking generally, I am quite sure that preventive methods do harm to both”; again: “I thought everybody considered they (artificial restrictions) were more or less harmful.” Dr. Routh also mentions (p. 247) the occlusive cap, and in answer to a question (p. 254) which involved and included the fixed pessary, he condemned all contraceptives, and since he was perfectly well aware that occlusive caps are amongst contraceptives, and are in the nature of fixed pessaries, and condemned all without distinction, it is a

32 FALLACIES OF BIRTH CONTROL

little absurd for Dr. Stopes to maintain that he was speaking only of withdrawal, though he did not say so. It is not at all evident that the points scored against withdrawal had no validity against the occlusive cap. The points scored were against all contraceptives.

It may here be added, though it does not directly bear on the point in dispute, that the bogey of total abstention is raised by contraceptionists to very little, if any, purpose. Dr. Routh stated quite explicitly (p. 258) that he would recommend no other method of prevention than abstention, and that (p. 260) "total abstinence, as a rule, would not be injurious to either party. Total abstinence is felt for the first few weeks, after that it is endured quite easily, in the ordinary run, by both sexes. But there are cases where it quite definitely does harm; that is, in the case of people who are hyperæsthetic from these points of view." So far Dr. Routh. Are we then to approve of contraception for everybody on account of the few who are hyperæsthetic, who, quite probably, will become much worse by resorting to it? We were glad to be referred to the evidence of Dr. Routh, for we are convinced that if Nature (that is, God) has given men and women certain powers, men and women can, if they will try, use those powers temperately, and it is untrue to say that only a very small minority of people can easily, if they wish, get command over all their appetites. The

use of contraceptives is calculated to render people less temperate in the use of sexual functions, and would produce, we must suppose, that hyperæsthetic condition. In fact, there is now so much insistence on the impossibility of being continent, that we imagine that the hyperæsthetic state has arrived in not a few. But contraception will add to their number. Furthermore, it is credible that the children of those who use contraceptives are more likely to become sexually hyperæsthetic than the children of those who abstain when they do not want children. And so the evil grows apace, and the present use of contraceptives will, we cannot doubt, increase the difficulties of sexual moderation in future generations. This is a serious prospect for the medical profession of the future, and for the straitened room in lunatic asylums, not to say for the sane residue of healthy citizens. But compulsory sterilisation will be a short, sharp way out of the difficulty, no doubt. We rejoice that we shall not live to see the day.

Fourth Objection. — Once pregnancy is abolished, there is no natural check on the sexual passion of husband and wife.

Dr. Stopes' Reply.—[Note: It is regrettable to have to record the reply of Dr. Stopes, since it is abusive.]

“This low-minded statement is made by Halliday Sutherland, M.D., who proceeds to glorify Ireland and Spain as models for us

to copy !” [Note: Not in everything, but in this—viz., “to accept the moral rule of the natural law expressed in God’s commandments and sanctioned by his judgements” (Halliday Sutherland, *Birth Control*, p. 95). Shall we not do well to imitate any nation in that ?] “Such a statement as this is based on a confusion between lust and true love, and can only be made by one who is ignorant of the latter, and who ignores not only physiological laws, but also forgets the instincts of human refinement and restraint which characterise love as distinct from lust.”

Criticism.—But the objection is true and valid. All contraceptives are designed to make it possible for husband and wife to indulge in intercourse (even as the expression of love) without the fear of pregnancy. This result of the use of contraceptives is precisely and in explicit terms expressed by Dr. Stopes (p. 234). The design being nothing else than to free intercourse from fear, Dr. Stopes must logically admit that there is no natural (we do not say emotional) check on the sexual passion of husband and wife when pregnancy is abolished. Let us take the case of the husband who insists on too frequent intercourse against the wish of his wife. We ask Dr. Stopes the question: If the husband knows that pregnancy will not follow, is there any check on his sexual passion ? There is none. And Dr. Stopes would advise the wife to interpose a physical and mechanical check

on pregnancy—namely, the use of a check pessary. Given that use, we ask: Would not the wife also, the less reluctantly, endure the approaches of her husband, knowing that pregnancy will not ensue? Is not this to admit that once pregnancy is abolished there is no check on sexual passion? Is not the possibility of pregnancy a check on pre-nuptial intercourse? Is there any other? Take away this check, and shall we not be obliged to say that sexual passion will have a freer rein in both married and unmarried? Is it not universally admitted that the extended knowledge of the use of contraceptives has multiplied illicit intercourse amongst the unmarried? These have now no check on their desires. Have the married any other?

The further plea of Dr. Stopes, that the objection "forgets the instincts of human refinement and restraint which characterise love as distinct from lust," is so entirely obscure and irrelevant that it is not worth rebutting. If she means that there is any refinement at all in the use of contraceptives, we submit that it is, in most cases, a refined method of sexual gratification. If she means that there is any self-restraint exercised in the use of contraceptives, we submit that the very purpose of contraceptives is to take the place of self-restraint.

Fifth Objection.—Professor McIlroy stated that "intercourse, when premeditated, and when precautionary measures are taken, is no

36 FALLACIES OF BIRTH CONTROL

longer a spontaneous act; it is mere physical union."

Dr. Stopes' Reply.—(1) This is untrue of all high-minded lovers, whether or not they use a contraceptive.

(2) It does not apply at all to the use of a contraceptive for racial purposes.

(3) One, moreover (viz., a contraceptive), so simply managed as the occlusive cap, etc. Then, whenever the sex union takes place, it is a purely spontaneous act of love.

(4) The cap, like the sleeping robe, being an article of frequent wear, should have no psychological reaction on the act except to free it from fear and thus to elevate it.

Criticism.—(1) If high-minded lovers use a contraceptive, there is a twofold intention: the first, namely, the expression of love; the second, highly unnatural, namely the intention of frustrating the natural issue of the love-act. It is, of course, the second intention that makes the act cease to be spontaneous, and it is to be observed that these lovers have no desire whatever of materialising the first intention, unless it is fenced round by the second. It is there precisely that the act loses its spontaneity; and it may, therefore, be truly said not to be spontaneous.

(2) No racial purpose (presumably, the benefit of the race by the failure of issue) can make an act that is premeditated and unspontaneous other than it is.

(3) The ease with which the occlusive cap

can be managed has, of course, no bearing on the question. Whether the contraceptive is troublesome or not, the act ceases to be spontaneous, because the fitting of the simplest contrivance introduces an element of calculation.

(4) The cap, it is true, frees the act from fear (*i.e.*, the haunting fear lest conception take place), but does it (the cap) therefore elevate the act? One might as well say that a burglar, having taken minute and effectual precautions against the police, proceeds to his nefarious job without fear, and consequently his act of burglary is elevated. The admission by Dr. Stopes—namely, that the cap frees the act from fear—is an admission of the truth of the fourth objection, that once pregnancy is abolished (or the fear of it), there is no natural check on the sexual passion of husband and wife; nor, for that matter, of persons who are not husband and wife.

Sixth Objection.—Women who restrict their families incur the risk of cancer.

Dr. Stopes' Reply.—The contrary is the fact—namely, that child-birth predisposes to cancer of the cervix of the uterus.

Criticism.—As this is a medical matter, the writer accepts the statement of Dr. Stopes, and would not press the objection. Nevertheless, it is true to say that we have not, as yet, sufficient evidence as to the cause of cancer. But Dr. Stopes dismisses the objection very curtly. She quotes two medical

opinions. The point, however, that she has failed to prove is that cancer of the cervix is less frequent in the case of women who use contraceptives than in the case of women who bear children and never use contraceptives, and to make her argument valid she ought to take the case of a woman who regularly uses contraceptives, and the woman who never uses them and lives the normal married life, having the normal number of children. It is not a just comparison to take the case of the mother who has, say, eight to ten children and that of the woman who rarely uses contraceptives. But whilst we do not press the objection, we do not accept Dr. Stopes' reply as adequate, since there is no evidence as yet on the subject; there cannot be, nor will there be for a century or more. Statistics would be extremely hard to get.

Seventh Objection.—Professor A. Thomson and others maintain that the male factor in generation possesses other elements than those directly associated with fertilisation. These, it is said, are absorbed by the woman, and if fertilisation is prevented by the employment of contraceptives, the woman is deprived of certain secretions which may exercise a far-reaching influence on her economy.

Dr. Stopes' Reply.—It is absurd to generalise about all contraceptives. Each method has its own particular reactions and results. Dr. Stopes urges that in certain methods of contraception the woman does absorb those elements

spoken of through the vaginal walls, and therefore the objection loses sight of the method of contraception which Dr. Stopes favours, precisely in order that the woman may absorb those elements. The occlusive cap is the method that gives the best chances of absorption. Professor Thomson urged that the secretory glands of the uterus did the absorbing, but Dr. Stopes, apparently, disagrees.

Criticism.—Dr. Stopes' reply is a valid reply to those who generalise, and who say that all contraceptives prevent absorption, for all do not, and Dr. Stopes' in particular does not, at all events, so far as absorption through the vaginal walls is concerned. To that extent her reply is effective. But we must go a little farther.

If the uterus is completely blocked by the cap, as it is, then there can be no absorption by the uterus; yet it is certainly maintained by some medical opinion that the uterus can absorb. Whether or not this opinion is generally received, we do not know. We shall not press that part of our criticism, and shall leave the matter in doubt. We must, therefore, allow that Dr. Stopes' occlusive cap does less harm, physically, than many other forms of contraceptives. But Dr. Stopes continues (p. 238): "If Professor Thomson's view be true, that the uterine glands absorb from the seminal fluid, even that is no argument against the use of quinine and various other methods of contraception, because such

methods do not prevent the seminal fluid from penetrating the uterus." On this we must remark that since the very purpose of quinine soluble pessaries, etc., is to act as germicides, we ask Dr. Stopes: What is the nature of the residue of the seminal fluid that penetrates into the uterus? She must, of course, distinguish between the seminal fluid, as such, and the spermatozoa, which are contained in it. But we submit that when quinine has been acting on the male element, it must have produced an extraordinary change in it by making that element infertile, as it is said to do. We may reasonably doubt that the fluid is the same before and after the quinine has acted on it, and therefore we submit that no quinine pessary or any other contraceptive that destroys the nature of the seminal fluid—as it is intended to do—leaves the benefits of absorption as great as they would be if no contraceptive interfered. Dr. Stopes has not met the objection, as stated. For clearness we may summarise:

(a) If the occlusive cap is used, the woman absorbs nothing at all through the uterus.

(b) If only germicide contraceptives are used, the woman does not absorb the true male element, neither through the vaginal walls nor through uterine glands; and this we submit, is likely to be harmful to the woman, as Dr. McCann has recently shown. The case cannot yet be proved, but there is a strong presumption that it is so.

(c) Dr. Stopes should not speak of quinine pessaries, since the very object of her occlusive cap is to leave absorption through the vaginal walls possible, and quinine is harmful in some cases.

Eighth Objection.—Contraception is not natural—*i.e.*, it is unnatural.

Dr. Stopes' Reply.—This argument is incessantly brought forward by shallow thinkers and moralists. It is hardly necessary to point out that in this sense (? in what sense) the whole of civilisation is not natural; that tooth-brushes, eye-glasses, chloroform and telephones are each and all as much a violation of nature laws.

Criticism.—We are glad that Dr. Stopes draws a distinction between shallow thinkers and moralists. The present writer, being, as far as opportunities and talent allow him, a moralist, but not, he hopes, a shallow thinker, will take up the gauntlet on behalf of both. He is prepared to say that the shallowest of thinkers will admit that contraception is unnatural.

It is stated that the whole of civilisation is not natural. Quite the contrary is the fact. Civilisation is the most natural development in the world, since to form a civilised society, with all its advantages, amenities, security, art, is deep-rooted in human nature. When men form themselves into orderly societies, they proceed to set up legal authority, to stamp out unsocial crimes, to build prisons,

42 FALLACIES OF BIRTH CONTROL

to inflict punishments, to make and improve roads, to manufacture articles for export, to enter into alliances, to get into communication by letter, telegraph, telephone, and wireless with their neighbours. The process is natural. Man utilises and directs nature's immutable laws to serve his purpose. Nature's laws are never changed by any man. In every invention of man, even the most wonderful, the laws of nature have been rigidly applied. All the material benefits that have come to the human race are due to obedience to nature's laws. When, on the contrary, nature's laws are disobeyed, as they would be in constructing insecure railway bridges or erecting buildings without foundations, terrible disaster follows, for nature will not be treated unnaturally. In point of fact, civilisation is so natural that man cannot get on without it, for without it he could not fully or easily exercise many of his mental qualities, as, for example, the desire of knowledge or of ordered society. Since then, in civilised society, and by means of the manifold advantages of civilisation, man expresses his intelligence and emotions in works of art, in inventions and scientific services, and harmonises natural laws, and harnesses them, we have to say that civilisation is by no means unnatural. To live in civilised society, and to adapt the forces of nature to his needs and delight is an universal tendency in man, and is, therefore, proved to

be of all things the most natural. Having said this much, it is superfluous to add that tooth-brushes, eye-glasses, chloroform, and telephones are not at all so many violations of nature law. They are all the embodiment of natural forces, and if these things and other products of civilised man are used in a rational way they are used naturally.

We will go farther and say that contraceptives are natural. We do not mean the use of contraceptives, but the things themselves. To form rubber into definite shapes, or quinine into cones, is to work in accordance with natural laws; indeed, if this were not so, no contraceptive could ever be made. When, therefore, we say that contraceptives are as natural as tooth-brushes, we must be understood to mean that the stuff and material, the process of making them, and the finished products are all natural. It is possible to make even a further admission, but Dr. Stopes will not take heart of grace by the admission. Even when a contraceptive is used, and when it prevents conception, nature's physical laws are being observed. But since in their use man's moral nature, or the moral law, or the laws of rational conduct are being violated, we rightly say that the use of contraceptives is unnatural. That and that only is meant when opponents of contraception speak of contraceptives as unnatural. When, therefore, Dr. Stopes compares *contraception* to tooth-brushes, she confuses the issue dread-

44 FALLACIES OF BIRTH CONTROL

fully, for the former is an act or effect or process, whereas the latter are things. It is an offence against one's sense of logic to be asked to compare the two.

Since, therefore, no adversary of contraception ever speaks of contraceptives as unnatural, but speaks of the use of them as unnatural, it is very astonishing to find that not only Dr. Stopes, but other educated persons, befog themselves and others by saying that since contraceptives are no more unnatural than railway-bridges or telephones, therefore the use of the latter justifies the use of the former.

It remains, however, to state why the use of contraceptives is unnatural. We must call an act or the use of a thing unnatural, if of their very nature, act and use tend to the destruction of the human race. The use of contraceptives tends to the destruction of the human race, and the use of contraceptives has no other purpose (we do not say motive) than to destroy the human race. Dr. Stopes should not suppose that the use of contraceptives has for its essential purpose (object to be achieved) the diminution of conceptions. That is not so, for the sum-total of conceptions is lessened, in consequence of some action that preceded possible conceptions. That action is the prevention of conception altogether, and it is by the prevention of some conceptions that a diminution of conceptions is achieved. Now if conceptions are

prevented, will not the human race cease to exist? Assuredly it will. Since, therefore, the use of contraceptives has no other essential and fundamental purpose (object to be achieved) than to prevent conception, it is obvious that the use of contraceptives necessarily tends to the destruction of the human race. If the destruction of the human race by married people is not an unnatural act, we do not know what an unnatural act is.

Dr. Stopes might retort that the use of poison tends to the destruction of the human race, but it is sometimes good, for it may be used in many excellent ways. We must reply that the true comparison would be, that the use of poison to kill people tends to the destruction of the human race, and that therefore the use of poison to kill people is an unnatural use, as unnatural, so far as its effects are concerned, as the use of contraceptives. To kill people and positively to prevent people being born at all, are both most effectual ways of putting an end to the race. Again, with a show of logic, more apparent than real, Dr. Stopes might say, that though the use of contraceptives tends to the destruction of the human race, so do many other things, which, nevertheless, we rightly use, such as motor-cars. But this ridiculous comparison is on a level with others employed by contraceptionists. The essential purpose (object to be achieved) of a motor-car is not at all to destroy the human race. Its essential purpose

is to convey persons from place to place. That any one is killed by a motor-car is entirely accidental and incidental to their use. Death does not necessarily ensue from the use of motor-cars. Furthermore, to return to the comparison with poison. Though the use of a little poison is sometimes good, it does not follow that an occasional use of a contraceptive is good, for otherwise than in the case of poison, every employment of a contraceptive is intended and designed to prevent life, and that essentially and in the nature of things ; but not every employment of poison is intended and designed to take away life. Therefore, in every single case of the use of contraceptives, their complete and essential purpose is realised. Must we not say, therefore, that every employment of contraceptives is unnatural, opposed to the greatest physical good of man, which is life, opposed to rational conduct, and being so, is an offence against the Giver of life? We are most careful not to say that the use of contraceptives is murder. We endeavour to avoid all such exaggerations.

Dr. Stopes will not think, we hope, that in abnormal cases, where conception is naturally impossible or very unlikely, owing to age or some defect, the use of contraceptives does not tend to prevent life. She has no right to defend the use of them on this ground. She would, we assume, urge the employment of them in cases of normal husband and wife,

when there is, most emphatically, a chance of conception, and indeed the greater the chances of conception, the more urgently would she, on certain occasions, advise the use of contraceptives. That consideration, in fact, she urges all through her book, for it is much more for the prolific woman in poor and straitened circumstances, who cannot afford to rear a large family, than for the typically infertile woman in comfortable circumstances, that she would advise the use of these methods; or again, in the case of defectives, who are said to be very prolific. What else is that than to urge the prevention of potential life, precisely when potential life is the more likely? This is assuredly to recommend a method that tends to the destruction of the human race, for it will be the more certainly destroyed if the normal and the fertile are made safe against conception, than if the abnormal and the infertile are made doubly safe against unlikely conceptions. We say that we hope Dr. Stopes will not take refuge in that absurdity, for the whole of her propaganda, as far as we understand it, is designed for normal and possible conceptions, and her propaganda is designed, of its nature and in its effects, to eliminate the increase of life by the prevention of life through preventing conceptions that are likely, rather than through preventing those that are unlikely. If Dr. Stopes urged that defence of contraceptives, it would be like urging the harmlessness of a

large dose of opium for people in general, on the ground that such a dose would do no harm to a man who has been addicted to opium, and has become practically immune from its effects.

When we judge of the harmful effects of a thing, we do not examine abnormal cases. We take the ordinary cases that occur. If harm is found to ensue in every normal case, we say that the thing is harmful by its very nature and essentially. If the effect of contraceptives in every normal case, when a woman can conceive, is to eliminate potential life, as is the case, this being the only purpose of contraceptives, then we must say that the effect of contraceptives, essentially and by their very nature, is to destroy the human race. This aspect of the matter may be illustrated by the case of incest. We know for a fact that incest is essentially opposed to the good of the human race. Though perhaps in rare cases a weak and puny child may be born of such unions, incest, as a general line of conduct, would prevent the human race from surviving. We therefore say that, apart from the natural and right abhorrence of such a crime, incest is unnatural, and in no case would it cease to be against right reason and the moral law. This must be admitted, even though, in the earliest history of the race, propagation was secured by union of brother and sister, for we have to bear in mind that it is one thing for us, the subjects of natural

law, to accommodate our actions to the present exigencies of right human conduct, as revealed to us by reason, and it is quite another thing for the Author of the human race, who established the laws of that race, to accommodate the laws so that the human race may survive, where else it would perish. The instinct, rather the rational desire, to have intercourse in marriage in the proper way is a tremendous desire in man, and it is only by refined misuse of his faculties that man is led to have intercourse in any improper way. The rational desire to have fruitful intercourse in marriage is a natural desire. Any artificial method that, of its very nature, baulks that rational desire, either for true and proper intercourse or for fruitful intercourse in marriage, must be considered to be a violence to human nature; any artificial method that is designed to prevent proper intercourse, when lawfully it may be exercised, or to prevent fruitful intercourse in marriage, is shown to be opposed to the good of mankind and to rational conduct. The use, therefore, of contraceptives, even on one occasion, is unnatural and irrational.

Ninth Objection.—Birth control leads to racial suicide.

Dr. Stopes' Reply (1).—Professor Ross, who first coined the phrase “race-suicide,” has repudiated the current interpretation of the idea, as the conditions are changed, and he

now condemns the unregulated birth-rate as the greater menace to civilisation.

Criticism (1).—One would have thought it obvious that birth control, in the sense of diminishing the absolute number of births, and so reducing the population, as to produce a steady decline in actual concrete fertility, as is the case now, would most certainly lead to racial extinction. But Dr. Stopes is quite satisfied in this first reply to take the unproved assurance of a Professor Ross that this is not so.

Dr. Stopes' Reply (2).—The dwindling and the dying out of a race, which is implied in the phrase "race-suicide," does not depend on, and, in my opinion, has never been caused by the use of contraceptives.

Criticism (2).—It is not what Dr. Stopes thinks, but what she proves that is pertinent. There is no doubt but that the population of France has dwindled in consequence of contraception. The population of our own country has dwindled relatively to what it should naturally be, owing to contraception, since the eighties. The birth-rate now is one-half of what it was forty years ago. Families are certainly smaller now than formerly. It is quite obvious that a more general employment of contraceptives will reduce the number of children still further. How, then, can Dr. Stopes say that the dwindling of a race is not caused—at least partially—by the use of contraceptives? A race is on the road to

extinction when its death-rate exceeds its birth-rate. It is obvious that the use of contraceptives must bring about the same result, since their purpose is to prevent additions to the race.

Dr. Stopes' Reply (3).—Races are injured by other influences—for instance, by syphilis and gonorrhea, which are immensely more potent as race-destroyers than even the worst contraceptive measures used in the worst kind of way could be.

Criticism (3).—But why add another destroying agency to these two diseases? It is a desperate situation that doctors should have to fight against these diseases in order to keep down the death-rate, whilst at the other end contraceptionists are keeping down the birth-rate.

Dr. Stopes' Reply (4).—Nevertheless, arguments against contraception have been based on the assumption, that the intelligent control of conception would lead to a smaller production of citizens, and the ultimate reduction to extinction point of the race, who made use of these scientific measures.

Criticism (4).—Undoubtedly such arguments are used, and the assumption has turned into a moral certainty, that the intelligent control of conception has, as a fact, diminished the actual number of births, on the assumption, which appears reasonable, that the 10,828 fewer survivals in the third quarter of 1927, as compared with the third

52 FALLACIES OF BIRTH CONTROL

quarter of 1926, are due, in some measure, to prevention of conception. Assumptions cannot be proved, but when a new factor enters into fairly common usage which, of its nature, is calculated to diminish the birth-rate, it is legitimate to make such assumptions.

Dr. Stopes' Reply (5).—The birth-rate is no indication whatever of racial prosperity or success. A high birth-rate, even the highest possible, which is coupled with a high death-rate, will not increase population.

Criticism.—(6) No opponent of contraception maintains that the birth-rate is an indication of racial prosperity or success, but it is maintained that a progressively reduced birth-rate is an indication of a diminishing or stationary population.

It is not correct to say that even the highest possible birth-rate, coupled with a high death-rate, will not increase population. The increase depends on the excess of survivals over deaths.

Dr. Stopes' Reply (6).—The birth-rate and the death-rate of infants and young persons must be considered together, for it is evident that even with a low birth-rate, if there is a very low death-rate of infants and the immature, the survival rate of adult persons may be so satisfactorily high that the numbers will increase rapidly.

Criticism (6).—The survival rate of adults will increase for a time, but when the births become actually fewer and fewer, the death-

rate will have to be reduced lower and lower, and what else can this mean, than that the nation becomes a smaller nation with a larger proportion of old people than is now the case. But it is obvious that when the employment of contraceptives becomes a national habit, and it is fast becoming so—and is it not true that contraceptionists would have it so?—does Dr. Stopes or any one think that married people, who have become accustomed to comfort and luxury by reason of their smaller families, will ever be shaken out of their torpor, either to produce more children, if the State requires more, or to trouble their heads about the survival of their nation? We doubt it. It requires no prophetic vision to see this. For luxury in a people is a canker that eats away their vigour. It was due to the absence of such luxury that this people of England went to fight their own battles and won. With comfort at the helm and dalliance at the prow, the people who go to the sea in ships to fight for their very existence, and that in meagre numbers, become an easy prey to their enemies.

Dr. Stopes' Reply (7).—As a matter of fact, evidence from a number of different countries seems to show that when the birth-rate is very high, early mortality is also generally high, and therefore the survival-rate is low.

Criticism (7).—It is undoubtedly a fact that when the birth-rate is high the death-rate is high, but it does not follow that the

survival-rate is low. If that were true, the population of this country could not have increased so enormously in the nineteenth century. But it did, and the increase was due to the fact that the birth-rate was high, but infant mortality was reduced, thanks to great medical skill. Neo-Malthusian literature is filled with this fallacy. It is observed, and correctly, that a high birth-rate goes with a high death-rate, for the obvious reason that many babies die. But the true remedy is to call in the doctor to prevent the deaths of babies. The contraceptionist takes the odd line of reducing the birth-rate by contraception, and having done so, he triumphantly calls our attention to the fewer deaths, but he conveniently forgets the survival-rate.

Dr. Stopes' Reply (8).—Arguments on these lines have been specially developed by the Malthusian League. Although we cannot accept without question either all their statistics or their deductions, several of their main arguments are substantially correct. [Note: Faint praise indeed for the League.] By a study of the ordinary published statistics, it is easy to ascertain that the survival-rate is distinct from the birth-and-death-rates, and nationally the most important factor.

Criticism (8).—This is precisely what the present writer has been insisting on. It is indeed the survival-rate that matters. But the fallacy of the contraceptionist is this. Let us assume that in 1926 the actual number

of survivals was 100. In 1927, through the use of contraceptives, the birth-rate has been reduced, and consequently the death-rate also has been reduced, but the survivals of the fewer number of babies allowed to be conceived and born are certainly fewer—say 95—so long, that is, as the infant mortality has not been reduced. We rightly do not take into account the reduction of infant mortality, since that can be achieved whether contraception is used or not. Dr. Stopes would reply that the fewer children born in consequence of the use of contraceptives are healthier and more likely to survive. We will assume that that is true. Yet the fallacy of the Malthusian argument lies in the fact that the fewer and fewer babies born, even if relatively more of them survive, will before long counterbalance the higher infant mortality of the larger number of babies born, where contraception is not used. But one may even question the assumption that contraception tends to effect healthier children, and it still remains true, that as contraceptives grow in popular usage, the number of survivals will certainly be progressively fewer each decade, if not each year.

Dr. Stopes' Reply (9).—"Indeed, if the birth-rate is considered in relation to the total population, the only way to *keep the birth-rate high is for the babies to die* (italics ours).

Criticism (9).—Astonishing paradox! If all the babies die, the birth-rate would be the

highest possible! No doubt; the actual number of babies born would bear a better proportion to the whole population at the end of a year, when all the babies are dead, than if they had all survived, because their number would not be included in the census of the population. That would be a comforting thought but for the grim fact that all the babies are dead.

Dr. Stopes' Reply (10).—Dr. Stopes gives an illustration:

Island population, 2; 1 baby born: birth-rate, 50 per cent. Another baby born: birth-rate, $33\frac{1}{3}$ per cent. A third baby born: birth-rate, 25 per cent.

Therefore the birth-rate steadily declines as the population increases. Consider, then, Dr. Stopes says, the fallacy of the race-suicide argument, which raises its outcry on a low birth-rate alone.

Criticism (10).—If contraceptionists are quite satisfied that the population increases as the birth-rate declines, they must push their argument to its furthest limits; having done so, when they come to study the census, they will have the melancholy shock of realising that the population, after all, has declined, and that, if the truth were told, the decline is due to fewer births. That is what adversaries of contraception really mean when they speak of "race-suicide." They mean that it is simply inevitable, that if fewer babies are born the population is bound to decrease

sooner or later. One need only compare the respective populations of France and Germany in the years 1850 and 1914. The time inevitably comes when deaths exceed births.

Dr. Stopes' Reply (11).—"Much has recently been made of the sad predicament of France, but it is not generally stated that since 1920 contraception has been made criminal in France, and what she is suffering from to-day are abortions and the sterility induced by venereal diseases and various abnormalities."

Criticism (11).—So, when the Government of the day becomes disturbed at the diminished number of notified births, it will then have to make illegal the sale and advertisement of contraceptives—as in France and the United States—with the quite likely result that the people, being debarred to some extent from the use of contraceptives, will have recourse to abortions. That is what French people are said to have done, according to Dr. Stopes; whether truly or not, we do not know. Therefore, on the admission of Dr. Stopes, if England is likely to go the way of France, the present use of contraceptives will have so habituated the people to small families, that rather than allow babies to be born, the people will have recourse to abortions. That, we submit, will be the national frame of mind induced by the continued use of contraceptives. The people will not on any account have large families. If this is the inevitable result, and we have precedents for believing it to be so,

is it not clear that the propaganda of contraception is preparing the way for wholesale abortions—a result which Dr. Stopes would surely deplore ?

Dr. Stopes' Reply (12).—Contraception is a national advantage, both as preventing the wastage of the mother's vitality and the outlay involved in the production of delicate, diseased, or unwholesome infants, unlikely to live.

Criticism (12).—As already stated, most children born are capable of being well reared and of becoming healthy citizens. It is not hereditary weakness that is the matter, so much as bad nursing and unhealthy diet. But besides contraception, there are other and better ways of preventing the wastage of the mother's vitality—namely, pre-natal hygiene, care of the mother after childbirth, sanitation, abolition of slums, inculcating, not by the Churches only, but by all who have a right to teach, the need of a moderate use of marriage. We admit that it would be a national advantage if diseased children were not so numerous as they are said to be, but it will not do to interfere with the natural rights of marriage; we must endure the fractional physical evil, in order to secure the great moral good, for to adopt contraception generally is a short way out of a difficulty, calculated to bring greater evils in its train. If births are restricted by unnatural means, the national advantage gained thereby is only apparent, for the violation of the moral law

can never be for the ultimate benefit of the State.

Dr. Stopes quotes the case of a blind woman who had forty-six remote descendants, of whom forty were defectives, and these are still multiplying. We could quote even worse cases. But hard cases are rare, and prove nothing. For every hard case quoted, a striking case of the opposite character could be quoted. The following may be taken as an offset to the case quoted. In 44 families it was found that there had been 428 cases of insanity or nervous diseases. But on investigating the history of the healthy collaterals in only 28 of these families, it was found that there had been 2 Cabinet ministers, 1 ambassador, 3 bishops, 8 other clergymen, 3 generals, 3 admirals, 3 judges, 4 headmasters, 8 consulting physicians, 9 professors, 23 doctors of science, 20 poets, 15 artists, 9 musicians, 8 actors and actresses, 2 inventors, 18 authors, and many other sane if undistinguished individuals. One would not mind the risk of being descended from such defective ancestors.

Dr. Stopes' Reply (13).—Spacing birth by control, so that the natural hasty succession of births is avoided, is a measure of national benefit, as producing more economically than in any other way, a larger proportion of healthy potential citizens.

Criticism (13.)—Spacing births is good, but why by artificial control? Why by contracep-

tives? Dr. Stopes implies that they cannot be spaced by any other feasible way. But they can, and have been, in millions of cases, to the great moral and physical benefit of husband and wife. The natural result of contraception, as is proved by observed facts, is that, far from spacing births, they are eliminated altogether. It is a delusion to suppose that people will use contraceptives temperately and with moderation. It is a poor service to people to tell them that they cannot restrain themselves; that now they live in different times; that they are neurotic, and delicate; that their health and happiness require more frequent marital intercourse than was necessary for their grandparents—for that is what contraception implies; that, in fact, they need not trouble about self-control, for the whole thing can be arranged by scientific devices, and we are now marching along the high scientific road to a golden age.

Dr. Stopes says (p. 249) that “the results of a questionnaire, sent out by the Bureau of Social Hygiene in America, showed that the average number of pregnancies was higher among those intellectuals who used contraceptive measures than it was among those who did not.”

This is truly a paradox, for the very purpose of contraceptives is to prevent conception, and yet here Dr. Stopes asserts that the use of contraceptives increased pregnancies. She

cannot have it both ways. She cannot claim that the merit of contraceptives is to prevent conception and at the same time to increase the chances of conception. If she claims that if people will listen to her they will be able to prevent conception, she cannot also claim that if they will listen to her they will increase pregnancies. We shrewdly believe that the intellectuals who did not use contraceptives were naturally infertile, or simply did not take the means as often as the other set to have children. Then, on p. 249, we come to a climax of paradox. It is there stated that "the loss to the community measured in potential work undone owing to ill-health of the mother or child, coupled with the wasted work done by doctors and nurses in attending to illnesses, which ought never to have taken place, is a very great national loss, quite apart from the expense and wasted work involved in the making of a large number of infants' coffins."

We confess that we have never seen the case for contraceptives put in that way before. We cannot imagine anyone married to a doctor or nurse or undertaker urging such a consideration. One would imagine that such people would be very averse from the use of contraceptives, for these devices would inevitably reduce occupation. The great army of doctors, nurses, medical students, chemists, instrument makers, makers of baby-linen, midwives, chauffeurs, and innumerable others,

can hardly be grateful to Dr. Stopes for such a suggestion. If we consider what an amount of attention babies require, we should say that a large part of the human race is engaged in looking after their wants, and the matter does not end there, for these babies grow up, and fill the schools, and boys and girls give occupation to another large fraction of the human race. Indeed, with just a little thought, one is driven to the conclusion that but for babies born and surviving the world would speedily come to an end.

Tenth Objection.—Birth control must be bad for the race because the first-born are inferior.

Dr. Stopes' Reply.—(1) Some interesting data were collected long ago, to show “that the number of still-births and also the mortality in the first week of life were greater in the first-born; then, however, for a number of years, of those who survived, the vitality of the first-born was greater than that of the other children.”

(2) “In considering the inferiority or superiority of an individual, it is crude to forget their potential parenthood. . . . Some credence can be given to the belief that those born during the declining years of life have a low survival value of their offspring.”

Criticism.—(1) It is admitted by Dr. Stopes that the first-born have lower survival value. Contraception, therefore, in the newly married that delays the advent of the first child is proved to be bad.

(2) It is not reasonable to compare the chances of life of the first-born with the chances of life of a child born of parents who themselves were the offspring during the declining years of life of their parents. The objection, as stated, does not consider the cases of late-born parents at all. Contraception, therefore, is bad if births are delayed, for the first-born is more liable, in any case, to die, and the second-born of delayed pregnancy is born of older parents.

Eleventh Objection.—All infants are born healthy. Contraception, therefore, is not needed in order to prevent the births of diseased children.

Dr. Stopes' Reply.—"It is quite false to say that all infants are born healthy. Very much evidence can be adduced to the contrary. One record may suffice. The live births at the Baudelocque Clinic in 1920 were 3,021. Of these 103 died in the first ten days, the cause of death being especially congenital debility, due to premature birth and hereditary disease. One has only to mention syphilis to be reminded of the myriads (*sic*) of infants who were born already rotted (*sic*) by disease, which environment could never make normal."

Criticism.—No opponent of contraception maintains that absolutely all children are born healthy. What they do maintain is that the great majority can, with reasonable care, be reared, and will grow into healthy citizens.

Of the many who die, a great number die owing to careless and ignorant nursing, malnutrition, and wrong diet, not to speak of exposure to infections. It is sufficiently proved that an apparently C3 child can be turned into an A1 child by good nursing and good diet. Contraception will not teach mothers how to nurse. The people would be nationally vastly improved if the enormous sums of money spent on the manufacture and sale of contraceptives were spent on maternity homes and medical attendance. The most unpromising infants have wonderful vitality. A certain woman had twins, Peter and Paul. The latter was a strong baby, but Peter appeared so puny and delicate that the doctor said the child would not survive. It was Paul who died, and Peter grew up into a strong boy.

We submit that contraceptionists have adopted a nationally unsound policy. They would be better employed saving the lives of children actually born than preventing large numbers (may we say myriads?) from ever being born at all. We imagine that there would then be occupation for everyone.

Twelfth Objection.—All contraceptives are so sordid and unæsthetic that they shock the sense of delicacy in the users.

Dr. Stopes' Reply.—(1) “The objection is often [writer: Yes, but not exclusively] raised by those who have not themselves experienced the agony of rapidly repeated and uncontrolled pregnancy.”

(2) "Eye-glasses are equally unæsthetic," says Havelock Ellis, "yet they are devices, based on nature [writer: It was stated earlier that eye-glasses are unnatural], wherewith to supplement the deficiencies of nature. However in themselves unæsthetic, for those who need them, they make the æsthetic possible. Eye-glasses and contraceptives alike are a portal to the spiritual world for many, who, without them, would find that world largely a closed book."

Criticism.—(1) The appeal to rapidly repeated pregnancy is a little unreal, for Dr. Stopes would recommend contraception outside that circumstance. But what is rapidly repeated pregnancy? Taking all married women, is it not unusual? What proportion of women up to the age of forty years have thirty to forty pregnancies? The number is exaggerated. Yet what *does* Dr. Stopes mean? She would consider five or six children, delicate and weakly, in a slum family, a great deal too many. Yet multitudes of mothers in the poorest districts of our cities have had the agony of childbirth, and yet they shrink with horror from the use of contraceptives, because it is not only indelicate but revolting.

(2) To speak of eye-glasses and contraceptives as portals to the spiritual world is as ridiculous as to speak of the burglar's tools as portals to the kingdom of heaven. Many a repentant burglar—we doubt not—

would find solace in Keble's hymns or the *Imitation*, and being somewhat of a spiritual turn of mind would at last realise what a boon his profession had been to him, to have given him an opportunity of buying those beautiful books and others like them. To approve of a thing because it can be a portal to the spiritual world is to prove a great deal too much.

Thirteenth Objection.—If contraceptives are used in the earlier years of married life, barrenness will ensue; and if later children are desired, it will be found impossible to have any.

Dr. Stopes' Reply.—Certain unwholesome methods may produce impotence in the man. Some harmful practices on the part of the wife might injure potential fertility. But when sound and wholesome methods have been used, *no possible physiological sterility can ensue* [italics ours].

Criticism.—Dr. Stopes states very positively that in the case of wholesome contraceptives no possible physiological sterility can ensue. This statement cannot be proved. Even less than this cannot be proved. Dr. Stopes cannot prove that women who have used even the most approved methods are not relatively sterile—that is, have not a reduced fertility. It will be impossible to prove this, even in the most rough-and-ready way, until a century has passed, and the most meticulous statistic tables have been made up.

In addition to the inability to prove the

statement, it is found that experienced authorities state the contrary. A few will be quoted.

Dr. R. A. Gibbons, physician to the Grosvenor Hospital for Women, stated that he recalled a large number of patients who had used contraceptives in early married life, and subsequently had longed in vain for a child. This applied also to those who had decided, after the first baby, to have no more children, and had subsequently regretted their decision. If Dr. Stopes replies that these women did not use the most approved methods, we ask her to prove her statement. The same authority (*Medical Aspects of Contraception*, p. 172) states: There can be no doubt about the action of all contraceptives in the production occasionally of sterility. Authorities cited by Dr. H. Sutherland are agreed that the practice of artificial sterility during early married life is the cause of many women remaining childless, although later on these women wish in vain for children. Dr. Mary Scharlieb wrote: The damage done (by artificial limitation of the family) is likely to show itself in inability to conceive, when the restriction voluntarily used is abandoned, because the couple desire offspring. The writer assumes, as he should, that Dr. Scharlieb was perfectly well acquainted with all kinds of restrictions, and spoke in condemnation of them all. She continues: Subsequently (to the use of artificial restriction) women found that conception, thwarted at the time that

desire was present, fails to occur when it becomes convenient.

Fourteenth Objection.—No notice may be taken of this objection, since it is not a valid one. It is wrongly stated that contraceptives are illegal. Dr. Stopes rightly says that they are not so in England. We think, however, that it is desirable that they should be.

Fifteenth Objection.—Contraception is opposed to the teaching of Christianity, and is against God's law.

Dr. Stopes' Reply (1).—The subject of contraceptives has been misunderstood by the Churches as a whole, because they have held an ascetic ideal, and therefore the mentality of those dominating the Churches has seldom been sufficiently normal, even to apprehend the problems involved, or to place consideration of the Race before their individualistic and ascetic ideals.

Criticism. (1).—We submit that the subject of contraceptives has not been misunderstood by any Church. Every Church is quite aware of the problems. It is not the ascetic ideal at all that has prevented the Catholic Church—of that alone the writer ventures to express an opinion—from condoning contraception. It is rather its interpretation of the common obvious moral law.

The mentality of those who are said to dominate the Churches, if by the phrase is meant for Catholics the Catholic hierarchy and the priesthood, is exceedingly normal, for

it is acknowledged that Catholic Bishops and priests are very normal and human persons indeed. They are sympathetic with the difficulties of layfolk, and they know the difficulties. No ministers of any religion in this country are individualistic in their ideals, though they must exalt personal salvation above all else. Though some of them, possibly many, have ascetic ideals for themselves—the more honour to them for having them and living up to them—they do not impose ascetic ideals on people who have not the courage to adopt them, for ascetic ideals are assuredly not for the many, but for the privileged few. Common everyday morality is not asceticism. The ascetic breathes a rarer spiritual atmosphere, which it is not given to the ordinary person to approach. Furthermore, to place considerations of Race before one's personal ideals is sometimes possible, sometimes not. Thus persons who have a vocation to the Religious life, and many called to the Ministry, must leave consideration of the Race aside, except to pray for it, and to improve it by example and precept—benefits beyond all reckoning. When, too, it appears to be a conscientious duty to adopt a certain line of action, as the support of a parent, that urges a man to put aside considerations of the Race, he does well to follow his conscience. Those Churchmen, therefore, and they are very many, who fully understand the difficulties of married people, and who oppose

70、 FALLACIES OF BIRTH CONTROL

contraception under all circumstances, may be, may they not, quite right both in conscience and point of fact. It is not for Dr. Stopes to say that they are not.

Dr. Stopes' Reply. (2).—A discussion of the causes and reactions of this abnormal mentality in high places would lead us too far, but reference should be made to my evidence before the Birth-Rate Commission (*Problems of Population and Parenthood*, London, 1920, pp. 242-255).

Criticism (2).—We have carefully read all that Dr. Stopes has said on the subject, but shall not follow her into these irrelevant matters, since our purpose is to confine ourselves to her one book—*Contraception*.

Dr. Stopes' Reply (3).—Have any Divine Laws been given in the past, and incorporated by the Churches in their teaching, which condemn scientific control of conception? Clearly none.

Criticism (3).—No explicit Divine Law directly dealing with scientific contraception has been given in the past, but onanism was punished with death in the case of Onan, as we have already explained at length. But if no explicit law has been given, a Divine Person, Jesus Christ, established a Church to teach the nations and to go on teaching them till the end of time, and to teach them without possibility of error in matters of Faith and Morals. The Catholic Church—Dr. Stopes will, we are sure, admit

that It is at least a part of the true Church—condemns all contraceptive devices. Of course, if Dr. Stopes maintains that the Catholic Church is not the whole of the true Church, we get at once into the sphere of apologetics. The writer cannot follow her into that sphere, for to do so would require a volume. But as she asked the question, she has the answer.

Dr. Stopes' Reply (4).—The position of the Church of Rome, far from being unchanging and always right, as it loudly (*sic*) maintains, has greatly altered from time to time on the subject.

Criticism (4).—This statement is incorrect. The Church of Rome has not changed in her attitude towards this subject.

Dr. Stopes' Reply (5).—To-day individual clerics denounce scientific methods which they call “artificial” [writer: They could not be anything else]. The Church, however, has already yielded the principle of the use of contraceptive means, as is well demonstrated in the following brief account from Havelock Ellis.

Criticism (5).—We will examine this account given by Havelock Ellis. But the Catholic Church has not yielded the principle of the use of contraceptives at all. We have to contradict Dr. Stopes here, pointedly and emphatically. The following is the account of Havelock Ellis: “The question was definitely brought up for Papal judgement in 1842 by Bishop Bouvier of Le Mans, who

states the matter very clearly to the Pope (Gregory XVI), that the prevention of conception was becoming very common, and that to treat it as a deadly sin merely resulted in driving the penitent away from confession. After mature consideration, the Sacra Penitentiaria replied by pointing out, as regards the common method of withdrawal . . . that since it was due to the wrong act of the man, the woman who has been forced by her husband to consent to it, has committed no sin. Further, the Bishop was reminded of the wise dictum of Liguori, the most learned and experienced man in these matters, that the confessor is not usually called upon to make enquiry upon so delicate a matter as the *debitum conjugale*, and if his opinion is not asked, he should be silent.

Criticism.—This account of the matter is substantially correct. We prefer, however, to give the exact translation of the case, that the reader may see how delicately, yet firmly, the matter was handled: “The Sacra Penitentiaria, after duly considering the questions proposed, gives the following replies:

(1) “Since the whole evil of the act (the reader may be reminded that the case was one of withdrawal by the husband) proceeds from the wickedness of the man who, instead of consummation, withdraws and seminales *extra vas*, therefore, if the wife, after due admonitions, can produce no effect on him, whereas the husband presses the matter by threaten-

ing her with violence (beating) or death, the wife may merely permit the act—as approved theologians teach—without any sin. The serious reason (as given) excuses her, for the virtue of charity, according to which she should prevent the sin (of her husband) does not oblige her under such grave inconvenience.” [Note by writer: It will be seen from the above that there is no question of the wife approving such an act and positively allowing it. She is obliged to protest and resist; but if her opposition is of no avail, and if she is liable to suffer very serious bodily harm at the hands of her husband for her refusal, she may just permit the act—that is, she may hold herself passive. Dr. Stopes cannot possibly see in this reply a condonation of onanism, still less an approval of positive contraception.]

(2) “The confessor should recall to his mind,” so continues the *Sacra Penitentiaria*, “the maxim that holy things are to be treated in a holy way, and should ponder the words of St Alphonsus de Liguori, a man learned and most experienced in these subjects, who says: ‘With regard to the sins of married people in respect of the *debitum conjugale*, ordinarily speaking a confessor is not bound, nor is it becoming for him, to ask any other question except, delicately as possible, if the wife rendered the *debitum*. On other matters about this subject he should be silent, unless a question is put.’” With the

words of Havelock Ellis before her, Dr. Stopes arrives at two amazing conclusions:

(a) That the extract demonstrates this, that the Catholic Church has yielded the principle of the use of contraceptive means. The contrary is the fact, for the Church, as will be seen from the extract, condemns the act of the man, which is precisely the essence of the contraceptive act. The woman is not guilty of any contraceptive act, nor is she allowed to approve of the act of her husband. The woman is under duress, and is not a free agent. But more than that, she does nothing that is wrong. She, like any married woman, allows the natural act, but under force, and has no share in the withdrawal. The point must be clear to every sensible person. Dr. Stopes will surely not say that the wife should resist to death, if the husband's act is wrong. It is wrong to steal. A highwayman threatens to shoot Dr. Stopes if she will not hand over her purse to him. Is she morally bound to allow herself to be shot?

(b) The second amazing conclusion of Dr. Stopes is this: "We see, therefore, that among Catholic, as well as among non-Catholic, populations, the adoption of preventive methods of conception follows progress and civilisation, and that the general practice of such methods by Roman Catholics (with the tacit consent of the Church) is merely a matter of time."

We are sure that Dr. Stopes' prophecy will

never be fulfilled. The reply of the Sacred Congregation of 1842 has been followed, on precisely the same lines, by a reply of the same Congregation of 1847, by one of the Holy Office of 1851, by a third of the original Congregation of 1901. The matter is settled for Catholics. These facts entirely dispose of her contention.

Dr. Stopes' Reply (6).—"Theological controversies on this and cognate theories are now raging both within the Church of Rome and the Church of England. . . . Both Churches have yielded the principle of control, and only jib at the use of the best methods, and are still actively obstructive to the entrance of scientific method and reasoning into the vital concerns of the procreation of the Race" [writer: If Dr. Stopes had said, "of the elimination of the Race," she would have been nearer the mark].

Criticism (6).—There are no such controversies raging within the Church of Rome. The writer, having access to most of the periodicals that represent Catholic teaching all over the world—from Italy, Spain, France, Belgium, Germany, the United States of America, Ireland, and England—knows of no such controversies. Indeed, the contrary is the fact—namely, that there is no controversy at all. Catholics accept the decisions of the Roman Congregations.

Dr. Stopes' Reply (7).—"The claims made by the Churches that the methods they recommend

(such as abstention and the safe period) are lawful and natural, are in actual fact false claims, and are due to an ignorance of the physiological fact; these very methods break profound physiological laws, and are much more unnatural than the use of a simple rubber cap which permits fully completed natural intercourse at the times of natural excitation."

Criticism (7).—It is incorrect to say that abstention and intercourse during the safe period are not lawful and not natural. The former may be difficult. If both the husband and wife agree to either, there is nothing unlawful or unnatural in self-restraint or in their acting in the normal way even in the absence of natural desire. Furthermore, these recommendations are not due to ignorance of physiological fact. Catholics know all the facts. The methods recommended do not violate profound physiological laws, any more than, and just as little as, the abstention by a young unmarried man, under a most vehement stress of passion from fornication. Dr. Stopes will surely not maintain that if physical desire is balked, there is a violation of law, moral or physiological. There is, of course, repression of desire, but to repress desire for a sufficient reason, is to act as a rational being, since free will is given to us to enable us to act rationally.

The simplicity of the rubber cap does not render the evil of using it a small thing. It is incorrect to say that the simple rubber cap

permits fully completed natural intercourse, for intercourse is not full nor is it complete or natural, when the *os uteri* is closed by a cap. Dr. Stopes knows enough physiology to know that this is so.

Dr. Stopes proceeds to recall the opposition of departed clerics and some doctors to the employment of inoculation for small-pox, vaccination, and chloroform in child-birth. That opposition, she truly says, has died down for the most part. These people, we fully admit, were wrong where they opposed natural, lawful, and beneficial methods. Dr. Stopes, however, ventures to prophesy that in another twenty years or less, no priest or cleric will dare to inveigh against birth control, just as to-day none dare to repeat the sermons of his predecessors against chloroform. She will not live to see the day. Catholic opposition to birth control by her methods will continue. Future moralists will take up the pen and carry on a reasoned opposition to birth control, unless in the remote future, when Dr. Stopes and the present writer have long since done making books, the people of this country have ceased to exist—Empire and all—in consequence of the gradual but effectual elimination of the race by contraception, or unless, which is the dearest hope of the writer, this English people shall have come to see that artificial limitation of conceptions is a deplorable practice economically, nationally, and morally.

CHAPTER III

AFTERWORD

THE conclusion follows. Dr. Stopes puts the coping-stone on the argumentative edifice she has so painfully but insecurely erected. It is meant to be a final and crushing answer to all religious arguments (p. 272). We have followed her faithfully, and we hope without any misrepresentations, through about fifty pages of her book. We have set forth every argument she brings to bear in favour of contraception, and have answered each without any *odium theologicum*. With a little trepidation we turned the page (p. 272) to examine this last, unassailable and crushing blow, as though the coping-stone were hurled at us. This answer is given by Sir James Simpson himself. So crushing is it, that Dr. Stopes herself admits that she cannot improve upon it. This answer or this refutation is big with promise. It is this: "I am sure you deeply regret and grieve with me, that the interests of genuine religion should ever and anon be endangered and damaged by weak but well-meaning men, believing that this or that new improvement in medical knowledge, or in general science, is against the word or spirit of Scripture. We may always rest fully and

perfectly assured that whatever is true in point of fact, or humane and merciful in point of practice, will find no condemnation in the Word of God."

How dexterously Sir James has left the matter precisely where it was ! The unsolved question for Dr. Stopes is: Is contraception a morally blameless method in point of fact ? Sir James has not helped her to answer in the affirmative. Is infanticide or is abortion, or euthanasia, or sterilisation of the defective, humane and merciful in point of practice ? Doubtless, in some circumstances, they would be. But are they therefore defensible ? One does not know which to admire most, the dexterous ambiguity of Sir James' words or the simplicity of Dr. Stopes in thinking that his words prove anything, or that, still less, they have crushed for ever all opposition to birth control.

We may leave the matter where it now is. In Dr. Stopes' constructive attempts to establish the necessity or advisability or moral correctness of contraception, there are patent fallacies. She has not replied to the fatal objections, on ethical grounds, to contraception, and we are still free to think that she has not replied to the objections raised on medical, economic, hygienic, or national grounds.

It remains to see in which direction the people of this country will go. They have, we believe, already started on the broad road,

beset with terrible dangers and pitfalls, that leads to national decrepitude and ultimate extinction. The next year or two will surely witness either a deplorable movement in favour of continued and even intensified birth control, or, as we sincerely hope, a revulsion against all contraception practices.



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DAVIS H

AUTHOR
Birth Control, the Fallacies
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